

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED DEC 26 1962

-62-046213

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 4 Primary Registration District No. 4107 Registrar's No. 120

VS 300
Rev. 4/59

10201

20201

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95410

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1290-0

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>Cedar</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>El Dorado Springs</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>109 West Olive Street</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cedar</u> c. CITY OR TOWN <u>El Dorado Springs</u> d. STREET ADDRESS (If outside, give location) <u>109 West Olive St.</u>	
3. NAME OF DECEASED (Type or print) First <u>ALBERT</u> Middle <u>V.</u> Last <u>McDANIEL</u>		4. DATE OF DEATH Month <u>12</u> Day <u>18</u> Year <u>62</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-12-1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired Hi-Way employee</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>65</u>
11a. FATHER'S NAME <u>R.E. McDaniel</u>		11b. MOTHER'S MAIDEN NAME <u>Mildred Lasley</u>	11c. NAME OF HUSBAND OR WIFE <u>deceased</u>
12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. #1</u>		13. SOCIAL SECURITY NO. <u>[redacted]</u>	
14. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Massive G. I. Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Duodenal ulcer</u> DUE TO (c) _____		15. BIRTHPLACE (City and state or country) <u>Lancaster, Mo.</u>	
16. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		17. INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Alcoholism</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
18. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	19. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
21. TIME OF INJURY Hour _____ Month, Day, Year _____		22. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
23. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		24. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____	
25. I attended the deceased from <u>Sept. 1957</u> to <u>12/18/62</u> and last saw her alive on <u>11/30/62</u> Death occurred at <u>px 10 p.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		26. SIGNATURE (Degree or title) <u>Robert L. Magee M.D.</u>	
27. ADDRESS <u>El Dorado Springs, Mo.</u>		28. DATE SIGNED <u>12/20/62</u>	
29. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	30. DATE <u>12-21-62</u>	31. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	32. LOCATION (City, town, or county) (State) <u>El Dorado Springs, Mo.</u>
33. FUNERAL DIRECTOR ADDRESS <u>Gwinn-Carothers El Dorado Spgs., Mo.</u>		34. DATE RECD. BY LOCAL REG. <u>12-21-62</u>	
35. REGISTRAR'S SIGNATURE <u>Jae E. Murkham</u>			

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

8961 7 NAI

JAN 14 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

May W. Dickering

Licensed Embalmer No.

4696

P. O. Address

El Paso, Texas, Inc.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

No Permit Obtained